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CONFIRMATION NO. 4199

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**** CONTINUING DATA *******

This application is a 371 of PCT/US04/30397 09/17/2004
 which claims benefit of 60/503,460 09/17/2003
 and claims benefit of 60/604,722 08/27/2004

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	NC	179	11	4

ADDRESS

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TITLE

Consensus/ancestral immunogens

FILING FEE RECEIVED 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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